	Form 770 Virginia Fiduciary Income Ta	ax Return	2004	Amended Return
Fisca	Il Year Filers: Enter taxable year beginning, 2004 and e	nding	, 20) , AND check here
	e of Estate or Trust		Office Use Only	
Nom	e and Title of Fiduciary			
INAII	e and Title of Fluddary	Che	ck One: ☐ Resident	
Addı	ess of Fiduciary (number and street)		● □ Nonresident	
7 (00)	ood of Fladulary (Hambol and daloot)		Fe	ederal Employer Identification
City.	Town or Post Office, and State	ZIP Code		lumber of the Estate or Trust
			•	
IMP	ORTANT: ATTACH A COMPLETE COPY OF THE FEDERAL RE	TURN		Fixed Date Conformity
Sc	hedule 1 — COMPUTATION OF TAXABLE INCOME AND TAX OF FID	UCIARY		Additions or Subtractions? If yes, check here.
1.	Federal taxable income of the estate or trust (from federal Form 1041) - OR -	if nonresident, ar	mount on	ii yes, check here.
	Schedule 2, Line 8			1 • 00
2.	Fiduciary's share of Virginia modifications (Schedule 3, Line 12)	(a) if a net	addition	2 (a) ● 00
	[2FA ● 2FS ● See Schedule 3 on Page2]	(b) if a net	t subtraction .	2 (b) ● 00
3.	Virginia taxable income of fiduciary [Line 1 plus Line 2(a) - OR - Line 1 minus	Line 2(b)]		3
4.	Compute tax on Virginia taxable income, using one of the lines below:			
	If Line 3 is \$3,000 or less, the tax is 2% of Line 3;			
	If Line 3 is over \$3,000, but not over \$5,000, the tax is \$60 plus 3% of the tax is \$60 plus 3%.			
	If Line 3 is over \$5,000, but not over \$17,000, the tax is \$120 plus 5% o			.
_	If Line 3 is over \$17,000, the tax is \$720 plus 5.75% of the excess over	\$17,000		4
5.	PAYMENTS AND CREDITS: (see instructions) (a) Virginia income tax withheld	(a)		00
	(b) 2004 Virginia estimated tax payments (include credit from 2003)			00
	(c) Extension payments made with Form 760E			00
	(d) Credit for tax paid to another state from Schedule 4, Line 7 (attach other sta			00
	(e) Neighborhood Assistance Act Credit (attach certificate)			00
	(f)Enterprise Zone Act Credit from Line 32, Form 301(attach certificate and Fo	orm 301) (f)		00
	(g) Major Business Facility Job Tax Credit (attach Form 304)			00
	(h) Historic Rehabilitation Tax Credit (attach certificate)			00
	(i) Low-Income Housing Credit (attach certificate)			00
	(j) Line Reserved For Future Use			00
	(I) Worker Retraining Tax Credit			00
	(n) Qualified Equity and Subordinated Debt Investments Tax Credit	` '		00
	(n) Coalfield Employment Enhancement Credit from Line 12, Form 306 (attach Fo	, ,		00
	(o) Coalfield Employment Enhancement Credit from Line 13, Form 306 (attach Fo	orm 306) (o)		00
	(p) Refundable Real Property Improvement Tax Credit	(p)		00
	(q) Land Preservation Tax Credit (attach Form LPC)	· · · ·		00
	Total payments and credits [add Lines 5 (a) through 5 (q)]			
	BALANCE DUE (if Line 4 is larger than Line 5, subtract Line 5 from Line 4)			
1	OVERPAYMENT (if Line 5 is larger than Line 4, subtract Line 4 from Line 5).			
	Amount of overpayment to be CREDITED to 2005 Estimated Income Tax AMOUNT TO BE REFUNDED (subtract Line 8 from Line 7)			
1	Coalfield employment enhancement tax credit earned in 2004 (attach Form 3			00
	neck if FORM 760C (760F) is attached. ENTER AMOUNT: \$	For Local Use	For Office	
□с	neck here if farming, fishing or being a merchant	LTD	1 01 011100	o county
	aman accounts for at least two-thirds of the income.			
fo	e this return on or before May 2, 2005, with the Commissioner of the Reven r the city or county in which the fiduciary qualified; or if there has been no	ue, Director of Fi o qualification in	nance or חור Virginia, wit	th one of the same Officers
fo	r the city or county in which the fiduciary resides, does business, or has a	n office, or where	ein one of the	
	list of mailing addresses and phone numbers is on the back of the Form leclare under the penalties provided by law that this return, including any accompany			nas been examined by me
	nd to the best of my knowledge and belief is a true, correct and complete return.			.ac soon examined by me
Dia	I(we) authorize the Dept. of Taxation to discuss this return with my (our) prepare See Signature of fiduciary or officer representing fiduciary	r. If yes, check here Date		one Number
Plea Sigr	••	Date	□ Ayuine Pho	one Number
Here		Date	Davtime Pho	one Number
	arer's X		()
Use	Firm's name (or yours if self-employed) and address	+	Firm's SSN	or FEIN or PTIN
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	Column 6	Column 7	Column 8 - Other	Column 9 - Other	Column 10 - Other	Column 11 - Other
Line	Allocation Of Enterprise Zone Real Property Improvement Tax Credit	Allocation Of Enterprise Zone Investment Tax Credit	Allocation Of:	Allocation Of:	Allocation Of:	Allocation Of:
a.	00	00	00	00	00	00
b.	00	00	00	00	00	00
C.	00	00	00	00	00	00
d.	00	00	00	00	00	00
e.	00	00	00	00	00	00
f.	00	00	00	00	00	00